


FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 2 1 - 3 8 3	2. PERIOD COVERED MO DAY YEAR From 0 7 0 1 2 0 0 0 Through 0 6 3 0 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	8. MAILING ADDRESS (Type or print in capital letters.) First Name Last Name P.O. Box • Building and Room Number (if any) Number and Street City State ZIP Code + 4		
RICARDO STEVENSON (3) 021-383 CARPENTERS AFL-CIO 440 LU 1931 315 SOUTH BROAD STREET NEW ORLEANS, LA 701196415 6/2001 			
4. AFFILIATION OR ORGANIZATION NAME			
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If "No," provide address in Item 56.)			
56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)			
Item Number	LOUISIANA/MISSISSIPPI CARPENTERS REGIONAL COUNCIL HEALTH AND WELFARE AND PENSION PLAN (SEE CONTINUATION)		
11	OUTSIDE AUDITORS MURPHY, WHALEN & BROUSSARD, L.L.C., C.P.A.'s		
14	SALARY ALLOWANCES:		
17	COLLEEN EUPER - SECRETARY - \$21,400		
Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
57. SIGNED: <u>James Pernice</u> <u>9/24/2001</u> (504) 366-4042 Date Telephone Number		58. SIGNED: <u>Michael E. Dugan Jr.</u> <u>9/21/01</u> (504) 684-3531 Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | | x |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | x | |
| 12. Have a political action committee (PAC) fund? | | x |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | | x |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | x | |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | | x |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | | x |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | x | |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | | x |

(If the answer to any of the above questions is "Yes," provide details in Item 56 on page 1 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 2 4 0
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0
21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
- | | Yes | No |
|---|-----|----|
| 21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? | | x |
22. What is the date of your organization's next regular election of officers? MO 0 6 YEAR 2 0 0 3
23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 24 per month (Month, Year, etc.)
(b) Initiation Fees	\$ 300
(c) Transfer Fees	ADDITIONAL INITIATION FEE TO \$ EQUAL THIS LOCAL
(d) Work Permits	NONE \$ per (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 2 1 - 3 8 3

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*			
Last Name 1. P E R N I C I A R O	First Name J A M E S Status C		5 0	5 0
Last Name 2. S T E V E N S O N	First Name R I C A R D O Status C		5 0	5 0
Last Name 3. E M M O N S S R .	First Name B R U C E Status C		5 0	5 0
Last Name 4. P I L A N T	First Name K E V I N Status C		5 0	5 0
Last Name 5. S E R I G N E	First Name M I C H A E L Status C		5 0	5 0
Last Name 6. S I M M O N S	First Name T H O M A S Status C		5 0	5 0
Last Name 7. W A L K E R	First Name S A M M I E Status C		5 0	5 0
8. Totals from additional pages (if any)		740	150	890
9. Totals of Lines 1 through 8		740	500	1,240
10. Less Deductions			1 6 0	
Enter the Total from Line 11 in Item 45 ⇨		11. Net Disbursements 1 0 8 0		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 on page 1.)

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 2 1 - 3 8 3

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	1 3 3 2 2 2	1 3 3 7 1 4	32. Accounts Payable		
	26. Loans Receivable			33. Loans Payable		
	27. U.S. Treasury Securities			34. Mortgages Payable		
	28. Investments			35. Other Liabilities	6 7 9	7 9 1
	29. Fixed Assets	3 9 9 8	2 7 1 3	36. TOTAL LIABILITIES	6 7 9	7 9 1
	30. Other Assets	1 4 2 1		37. NET ASSETS (Item 31 less Item 36)	1 3 7 7 6 2	1 3 5 6 3 6
	31. TOTAL ASSETS	1 3 8 6 4 1	1 3 6 4 2 7			

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	5 7 8 3 9	45. To Officers (from Item 24)	1 0 8 0
	39. Per Capita Tax		46. To Employees (less deductions)	1 5 4 1 1
	40. Fees, Fines, Assessments & Work Permits	1 0 8 4 0	47. Per Capita Tax	2 3 5 2 4
	41. Interest & Dividends	5 4 4 1	48. Office & Administrative Expense	1 5 2 6 1
	42. Sale of Investments & Fixed Assets		49. Professional Fees	4 5 2 5
	43. Other Receipts	6 2 0	50. Benefits	4 9 5 4
	44. TOTAL RECEIPTS	7 4 7 4 0	51. Contributions, Gifts & Grants	3 2 6
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	
			53. Loans Made	
			54. Other Disbursements	9 1 6 7
			55. TOTAL DISBURSEMENTS	7 4 2 4 8

ORGANIZATION NAME:
MILLWRIGHTS LOCAL UNION 1931

ENDING DATE OF PERIOD COVERED:
JUNE 30, 2001

FILE NUMBER: 0 2 1 - 3 8 3

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name H O L T First Name D E N I S Title T R U S T E E Status C			5 0	5 0
Last Name M E L L O First Name M I C H A E L Title T R U S T E E Status C			5 0	5 0
Last Name M C K E N D A L L First Name M I C H A E L Title T R U S T E E Status C		7 4 0	5 0	5 0
Last Name T E R R E L L First Name R O B E R T Title P R E S I D E N T Status P				
Last Name K I E H M First Name T E R E N C E Title R E C O R D I N G S E C R E T A R Y Status P				
Last Name T A Y L O R First Name B L A K E Title W A R D E N Status P				
Last Name L O P E Z First Name F R A N K Title T R U S T E E Status P				
Last Name First Name Title Status				
Totals		740	150	890

ORGANIZATION NAME: _____

ENDING DATE OF PERIOD COVERED: _____

FILE NUMBER: _____

PAGE ____ OF ____ ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS *(continued)*

(A) Name <i>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</i>		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
(B) Title <i>(Enter title of officer, such as PRESIDENT or TREASURER.)</i>	Status (C)			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Last Name	First Name			
Title	Status			
Totals				

CARPENTERS LOCAL UNION 1931

FORM LM-3

File # 021-383

Period Covering
From 07-01-2000
Through 06-30-2001

ITEM 56 (CONTINUED):

Item Number

11. The Local participates in two plans:

- a) Louisiana/Mississippi Carpenters Regional Council Health & Welfare Plan & Trust, 10054 I-10 Service Road East, Bldg. 1, New Orleans, Louisiana 70127, EIN 72-6029375, Plan #501.
- b) Louisiana/Mississippi Carpenters Regional Council Pension Trust, 10054 I-10 Service Road East, Bldg. 1, New Orleans, Louisiana 70127, EIN 72-6032146, Plan #001.

